

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05370

FILED
Mar 08, 2010
Secretary of State

Entity Name: PIERPOINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANDMARK MANAGEMENT SERVICES
1941 N W 150TH AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

C/O LANDMARK MANAGEMENT SERVICES
1941 N W 150TH AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 59-2452130 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRALEY & OTTO P.A.
2699 STIRLING ROAD
C-207
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MALARSKI, PAM
Address: 1941 NW 150TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD
Name: HERNANDEZ, JANIS
Address: 1941 NW 150TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD
Name: MARINO, PHYLLIS
Address: 1941 NW 150TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD
Name: KOSOY, MORTY
Address: 1941 NW 150 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD
Name: ARRIGALLI, VINCENT
Address: 1941 NW 150 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D
Name: BECK, SHARON
Address: 1941 NW 150 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAM MCCRACKINE

CAM

03/08/2010

Electronic Signature of Signing Officer or Director

Date